

**TELECOPIER COVER SHEET****March 14, 2005****RECEIVED  
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<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro Patent Administrator 818/493-2251</b>
<b>Attention: Examiner: Lenwood Faulcon, Jr. Art Unit: 3762</b>	<b>ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221</b>
<b>Telecopier: 703/872-9306</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: AMENDMENT AND REQUEST FOR RECONSIDERATION</b>  Applic. No. 10/718,216 Filed: 11/19/2003 Docket No. A03P1076	<b>Number of pages being sent: <u>11</u> (including cover page)</b>

**PLEASE DELIVER TO EXAMINER FAULCON UPON  
RECEIPT. THANK YOU.**

THE INFORMATION CONTAINED IN THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE AND THOSE PROPERLY ENTITLED TO ACCESS TO THE INFORMATION AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND/OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED OR AN AUTHORIZED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY UNAUTHORIZED DISTRIBUTION, DISSEMINATION, OR DUPLICATION OF THIS TRANSMISSION IS PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE OR FACSIMILE. THANK YOU.

**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicant:</b>	Scott Salys	<b>Examiner:</b>	Lenwood Faulcon, Jr.
<b>Serial No.:</b>	10/718,216	<b>Art Unit:</b>	3762
<b>Filed:</b>	11/19/2003		
<b>Docket No.:</b>	A03P1076		
<b>For:</b>	ACTIVE FIXATION LEAD WITH MULTIPLE DENSITY		

**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING**

Mail Stop Amendments  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration  
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES					
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE
A	TOTAL CLAIMS FEE	21	20	1	X \$ 50
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200
C	MULTIPLE- DEPENDENT				X \$ 360
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160				0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: <b>Terminal Disclaimer</b>				0
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)				\$0**

☒

Charge Deposit Account No. **16-0068**  
 the amount of

**\$0\*\***

**A copy of this letter is  
 enclosed.**

**PATENT**

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date:

3/14/05



Ronald S. Tamura

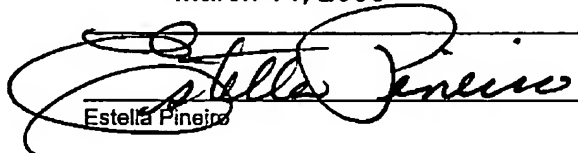
Reg. No. 43,179

Attorney for Applicants

**CUSTOMER NUMBER: 36802**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

March 14, 2005



Estella Pineiro

3/14/05  
Date

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PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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**AMENDMENT AND REQUEST FOR RECONSIDERATION**

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transmitted to the United States Patent and Trademark Office  
on:

Mail Stop Amendments  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

March 14, 2005  
  
Estella Pineiro Date 3/14/05

Dear Sir:

In response to the Office Action dated February 8, 2005, please amend the  
above-identified patent application as follows: